

PTO/SB/22 (12-04)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) | |
|--|---------------|--------------------------|--------------|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | 144009.00100 | |
| Application Number , 09/816,152 | | Filed March 26, 2001 | |
| | | | |
| For BROADBAND COMPUTER-BASED NETWORKED SYSTEMS FOR CONTROL AND MANAGEMENT OF MEDICAL RECORDS | | | |
| Art Unit 3626 | | Examiner Le | ena Najarian |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | <u>Fee</u> | Small Entity Fee | |
| x One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ 60.00 |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| Three months (37 CFR 1.17(a)(3)) | 1020 | \$510 | <u> </u> |
| Four months (37 CFR 1.17(a)(4)) | 1590 | \$795 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| X Applicant claims small entity status. See 37 CFR 1.27. | | | |
| A check in the amount of the fee is enclosed. | | | |
| | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to | | | |
| Deposit Account Number 50-1682 I have enclosed a duplicate copy of this sheet. | | | |
| I am the applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| attorney or agent of record. Regist | ration Number | | _ |
| x attorney or agent under 37 CFR 1.3 | 34 1 | | |
| Registration number if acting under 3 | | 36,902 | _ · |
| | | February 2 | 24, 2006 |
| Signature | | Date | |
| ames Remenick | | (202) 347-0066 | |
| Typed or printed name Telephone Number | | | |
| NOTE: (Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| X Total of forms are submitted. | | | |

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